

Name in Full

Certificate of Death

Robt Henry Harding

Town

County

Died at

Cabin John

Montgomery

MARYLAND

Date 1896 July 28 Y. M. D. Native of Va Occupation Farmer

Male

White

Married

Widow

Divorced

Number of children living

10

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mary E. Hamilton

R. H. Harding, Sr.

Mother's

Name

Margaret Harding

Cause of Primary Rheumatic Endocarditis 56 How long sick About 90 days

Obscure - No medical attendant at time of death or for weeks previous

Accident, Suicide, Homicide

Reported by N. J. Poater, M.D.

Address Coloma Md.



Angie Hord

Town

County

MARYLAND

Died at

Harroard

Montgomery

Month

Day

Y

D.

Native of

Occupation

Date 189

8

July

14

Age

58-3-16

Maryland

Laborer

Married

Widow

Divorced

Female

Colored

Single

Married

Number of children living 3

Husband

of

John Hord

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Deleterious Heart 55

How long sick

3 years

Death

Immediate

Extensive clots

Accident, Suicide, Homicide

Reported by

Roger D. Dyer M.D.

Address

Sandy Spring

Montgomery Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Infant**King*

Town

County

MARYLAND

Died at

*Calverton**Montgomery*

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

*July 7*

Age

*8**Ind -*~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

*Elias V. King*

Mother's

Name

*Egyptus Purdon*

Cause of

Primary

*Exhaustion**138*

How long sick

*7 days*

Death

Immediate

Accident, Suicide, Homicide

Reported by

*J. J. Peet**M. J.*

Address

*Calverton**Montgomery*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968



Name in Full

Certificate of Death

*George Flavius Linthicum*  
 Town County

Died at *Blacksburg* *Montgomery* MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
8	<i>July</i>	<i>17</i>	<i>49</i>	<i>1</i>	<i>7</i>	<i>Maryland</i>	<i>Fanner</i>
Male	<i>White</i>	<i>Married</i>	<i>Widow</i>	<i>Divorced</i>			
<del>Female</del>	<del>Colored</del>	<del>Single</del>	<del>Widower</del>			Number of children living	<i>4</i>

Husband of *Martha Best*  
 Wife

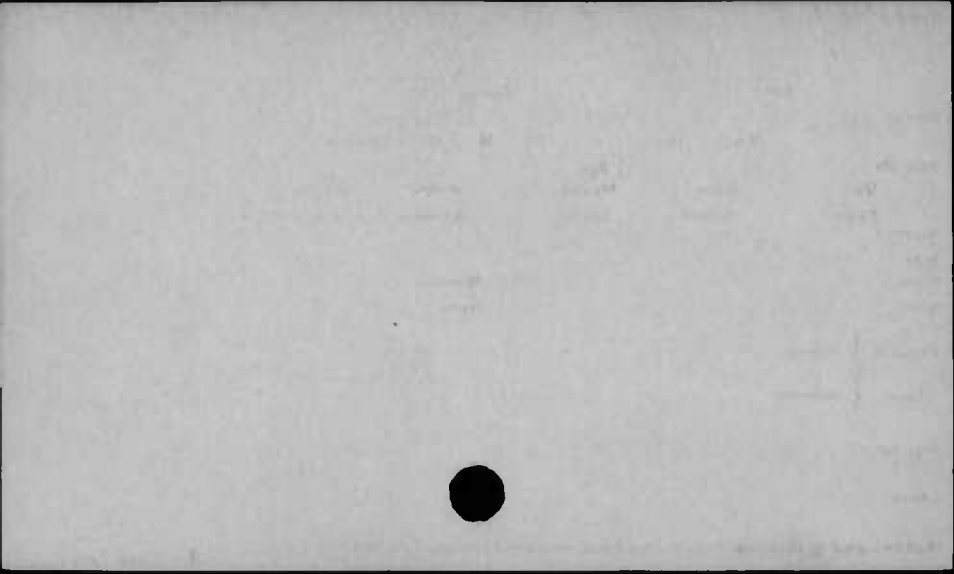
Father's Name *Gassaway Linthicum* Mother's Name *Amanda Hoyle*

Cause of Death	Primary	<i>Alcoholism</i>	<i>34</i>	How long sick
	Immediate			Accident, Suicide, Homicide

Reported by *J. S. Deets M.D.*  
 Address *Blacksburg* *Wm. Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966





Name in Full

Certificate of Death

George Mason

Town

County

Died at

Dawsonville Montgomery

MARYLAND

Date 1898

Month

Day

July 9

Age

Y.

M.

D.

59 + x

Native of

Md.

Occupation

Farmer

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

10

Husband

of

~~Wife~~

Hermita Coates

Father's

Name

x

90

Mother's

Name

x

Cause of

Primary

Interstitial Hepatitis

How long sick

18 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

W. B. Haddox M.D.

Address

Dawsonville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Geo. Matthews

County

MARYLAND

Died at Andy Spring

Montgomery

Date 1898 July 27

Age 70

Native of

England Farmer

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Elizabeth Matthews

Father's

Mother's

Name

Name

Cause of Primary

Diarrhea

Death Immediate

How long sick

3 Days

~~Accident, Suicide, Homicide~~

Reported by

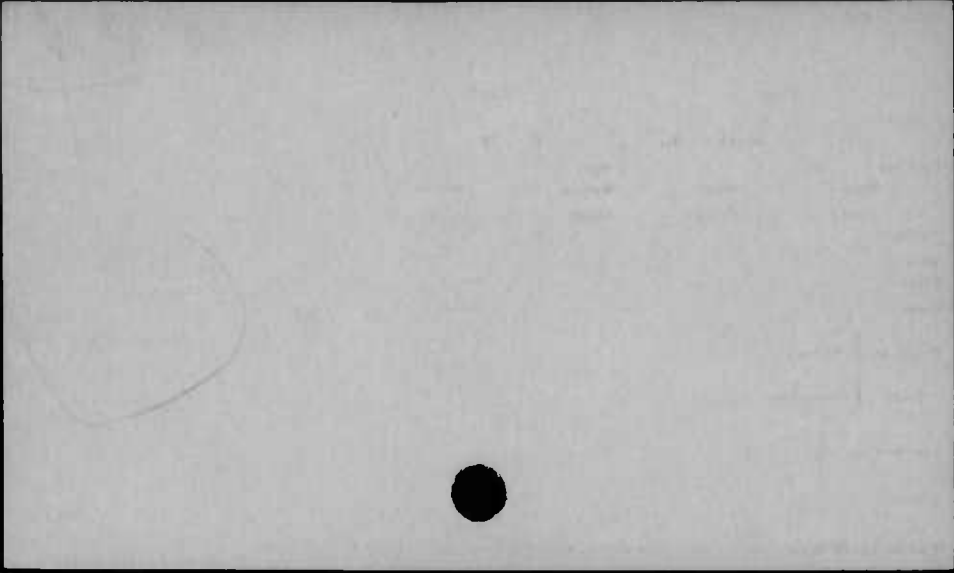
F. J. Terzan

Undertaker

Address

Andy Spring

Montg. Co.



Name in Full

Certificate of Death

Marion Meem  
 Died at <sup>Town</sup> Washington <sup>County</sup> Montgomery MARYLAND  
 Date 1898 <sup>Month</sup> July <sup>Day</sup> 19 <sup>Y.</sup> 1 <sup>M.</sup> — <sup>D.</sup> — <sup>Native of</sup> Md. <sup>Occupation</sup> child  
~~Male~~ <sup>White</sup> ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ <sup>Single</sup> ~~Widower~~ ~~Number of children living~~

~~Widowed~~  
~~Wife~~ of

Father's Name Edward Meem Mother's Name Anna Meem

Cause of Death { Primary Cholera Infantum  
 Immediate " "  
 How long sick 6 days  
~~Accident, Suicide, Homicide~~

Reported by J. C. Groves

Address

Rockville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Jefferson Mills*  
 Town County  
 Died at *Seneca Montg* MARYLAND  
 Date 189 *8* Month *July* Day *30* Y. *16* M. *+* D. *+* Native of *md.* Occupation *Laborer*  
 Male *Whiten* Married *Widow* Divorced  
~~Female~~ Colored Single *Widower* Number of children living

Husband  
 of  
 Wife

Father's

Name

*Nelson Mills*

Mother's

Name

*Martha Lynch -*

Cause of

Primary

*Typhoid Fever**1*

How long sick

*3 weeks -*

Death

Immediate

*Exhaustion*

Accident, Suicide, Homicide

Reported by

*H. B. Haddox M.D.*

Address

*Hawsonville Ind -*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966





Name in Full

Certificate of Death

Offutt

Died at Rockville <sup>Town</sup> Montgomery <sup>County</sup> MARYLAND

Date 189 8 <sup>Month</sup> July <sup>Day</sup> 1st <sup>Y.</sup> 3 <sup>M.</sup> 12 <sup>D.</sup> Rockville Md. <sup>Native of</sup> Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Singla ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband  
of

Wife

Father's

Name

~~Mother's~~

Name

Cause of { Cold 72 Has long sick  
Two weeks

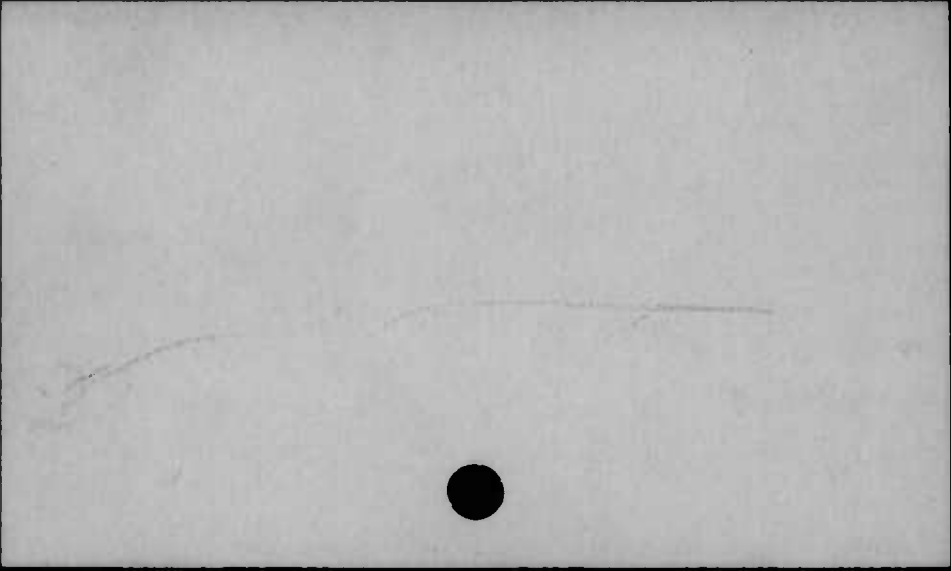
Death { Pneumonia Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68009



Died at Petty Town Boyd County Montgomery MARYLAND  
 Date 1898 Month 7 Day 24 Age 2.7+ Y. M. D. Native of Washington D.C. Occupation —  
 Male White Married Widow Divorced —  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband  
of  
Wife

Father's Name C. Louis Petty Mother's Name Florence Wood

Cause of Death { Primary Acute Gastro Enteritis 82 How long sick 2 days  
 Immediate due to improper feeding ~~Accident, Suicide, Homicide~~

Reported by H. B. Haddox M.D.

Address Dawsonville Ga.



Name in Full

Certificate of Death

Berkley Clayton Ricketts Ricketts

Town

County

Died at

Rockville

Montgomery

MARYLAND

Date 189 8 July 20 1 3 Rockville Md —  
 Male ~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband

of

Wife

Father's

Name

W. E. Ricketts

Mother's

Name

Emma L. Ricketts

Cause of

Primary

Follicular Sarcoid

How long sick

4 days

Death

Immediate

77

Accident, Suicide, Homicide

Reported by

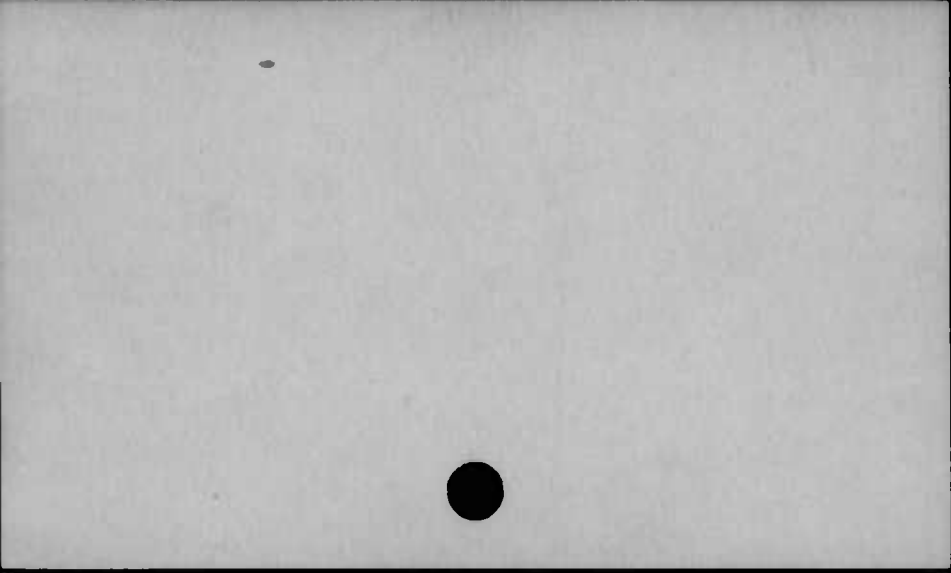
D. M. Litchman Md

Address

Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1900



Annie Mary Sewell

Town

County

Died at

Lawsonville

Montgomery

MARYLAND

Date 189

Month

Day

Age

Y.

M.

D.

Native of

Occupation

8

July 16

3

+ +

Ind-

+

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

~~Wife~~

Father's

Name

Richd Sewell

Mother's

Name

Alice Hugian

Cause of

Primary

161

How long sick

4 to 6 days

Death

Immediate

Accident, Suicide, Homicide

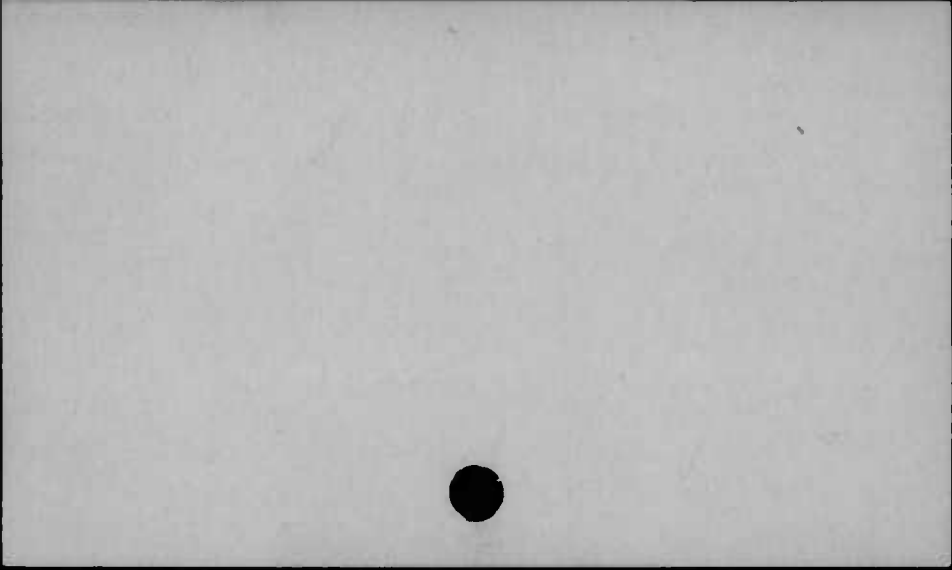
Reported by

D. W. Haddox for Richd Sewell

Address

Lawsonville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





### Certificate of Death

John Edmund Slaymaker  
Town Bristow County Montgomery

Died at

Date 1898

Mala

**Husband**

## Father's

Name

Causa of

## Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

County

## MARYLAND

Date 189 \_\_\_\_\_

Mala

Husband

## Father's

Name

Causa of

## Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Please indicate in one or two words on the enclosed  
postal the manner of suicide in the case of  
John E. Hargraves.

Robert M. Stabler

Town

County

MARYLAND

Died at

Spencerill

Montgomery

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

7 -

18

Age

2 -

5

Washington

—

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Albert Stabler

Mother's

Name

Leona J. Stabler

Cause of

Primary

Intestinalitis

83

How long sick

6 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Roger Brooke M.D.

Address

Sandy Spring • Montgomery C. O.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Margaret Stewart

Town

County

Died at

MARYLAND

Date 189

8

Month

Day

July 21

Age

Y.

M.

D.

6 2

Native of

Md

Occupation

Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Sam Stewart

Mother's

Name

Kate Magruder

Cause of

Primary

Infantile Paralysis

How long sick

5 yrs

Death

Immediate

Meningitis

390

Accident, Suicide, Homicide

Reported by

D. W. L. Lewis

Address

Kensington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968



Name in Full

Certificate of Death

Stonestreet

Died at <sup>Town</sup> *Middlebrook.* <sup>County</sup> *Montgomery* MARYLAND  
Date 189 *8* <sup>Month</sup> *July* <sup>Day</sup> *27* <sup>Y.</sup> *1* <sup>M.</sup> *1* <sup>D.</sup> *1898* <sup>Native of</sup> *MD* <sup>Occupation</sup>  
<sup>Male</sup> *Male* <sup>White</sup> *White* <sup>Single</sup> *Single* <sup>Number of children living</sup> *None*

Father's Name *Fredwell Stonestreet* Mother's Name *Maud Stonestreet*  
Cause of Death { <sup>Primary</sup> *Cholera Infantum.* <sup>How long sick</sup> *3 days*  
<sup>Immediate</sup> *Convulsions.* *82* <sup>Assault, Suicide, Homicide</sup> *None*

Reported by *I. A. Simpson, M.D.*  
Address *German town* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Hannah Ferry

Town

County

Died at *Near Dorseyville* *Montgomery* MARYLAND

Date 189 *5* *July* *4* Age *36* Y. M. D. *—* *—* Native of *Ind* Occupation *Domestic*

Female Colored Married *Widow* Number of children living *one*

Wife of *James Ferry*

Father's Name *Harry Plumer* Mother's Name *Ruth Plumer*

Cause of Death { Primary *Enteritis*, 83 How long sick *2 days*

Immediate *Peritonitis*.

Reported by *J. Newton Sampson, M.D.*Address *Germanstown* *Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Mrs Mary Ischiffely

Town

County

Died at

Potomac

Montgomery

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

July 21<sup>st</sup>

Age

Md.

Wife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

6

~~Husband~~

of

Wilson Barnard Ischiffely

Wife

Fether's

Thomas Magruder

Mother's

Name

Name

Cause of

Primary

Uterine Cancer

How long sick

over 2 years

Death

Immediate

acute intestinal cancer

about 3 weeks

~~Accident, Suicide, Homicide~~

Reported by

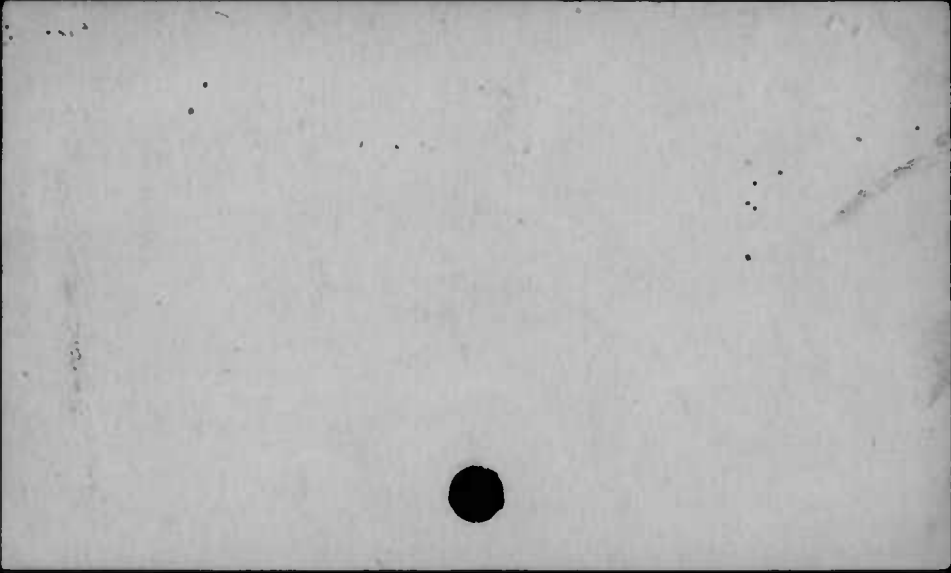
Charles H. Nourse M.D.

Address

Barnestown Montg Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON



Name in Full

Certificate of Death

Chas Francis Williams

Town

County

Died

near Poolesville, Montgomery

MARYLAND

Month

Day

Y

M

D

Native of

Occupation

Date 1898

July 16

Age

1

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife of

Father's

Name

Frank Williams

Mother's

Name

Mary Dawson

Cause of

Primary

Imperfect Heart action

How long sick

1 day

Death

Immediate

Cyanosis

Accident, Suicide, Homicide

Reported by

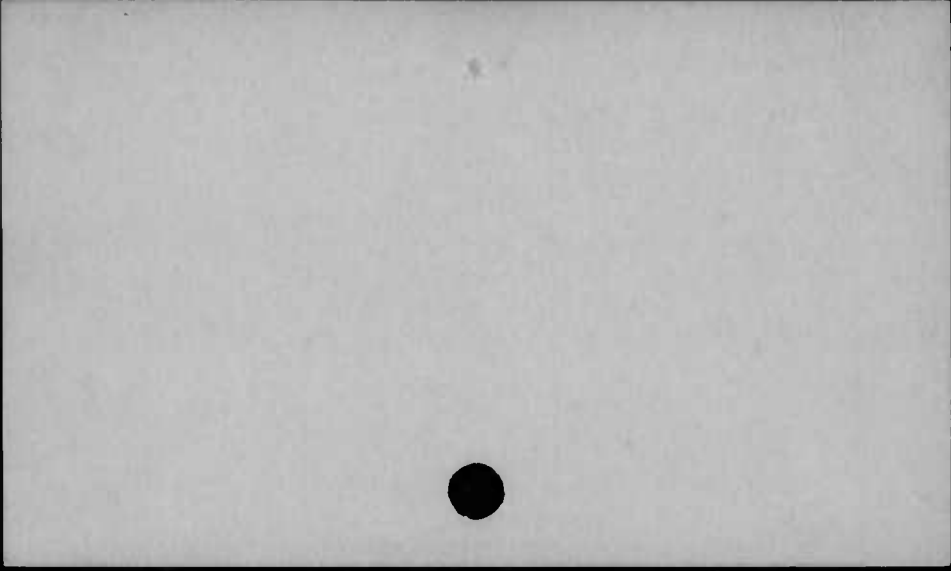
B. W. Walling, M.D.

Address

Poolesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963



Name in Full

Certificate of Death

Not Named.

Wright

Died at <sup>Town</sup> *Linden* <sup>County</sup> *Montgomery* *MARYLAND*

Date 189 *8* <sup>Month</sup> *July* <sup>Day</sup> *30* <sup>Y.</sup> *3* <sup>M.</sup> *3* <sup>D.</sup> *3* <sup>Native of</sup> *Md* <sup>Occupation</sup>

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband  
of  
Wife

Father's Name *Geo Wright* Mother's Name *Mally Holmes*

Cause of Death { Primary *Whooping Cough* 7 How long sick *4 weeks*  
Immediate *Convulsions* ~~Accident, Suicide, Homicide~~

Reported by *W. L. Lewis M D*  
Address *Kensington Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

